


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90138 002 ***150.00

DOCUMENT # P05000157206					
1. Entity Name JUAREZ M&M CONSTRUCTION, INC.					
Principal Place of Business 1858 CONSTITUTION DRIVE & HWY 98 NAVARRE, FL 32566			Mailing Address 1858 CONSTITUTION DRIVE & HWY 98 NAVARRE, FL 32566		
2. Principal Place of Business 1859 Constitution Dr.		3. Mailing Address 1859 Constitution Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Navarre, Florida		City & State Navarre, Florida		4. FEI Number 20-3920012	
Zip 32566		Country Santa Rosa		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JUAREZ, MIGUEL A 1858 CONSTITUTION DRIVE & HWY 98 NAVARRE, FL 32566			7. Name and Address of New Registered Agent Name: <u>Juarez, Miguel A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1859 Constitution Dr.</u> City: <u>Navarre</u> <u>FL</u> Zip Code: <u>32566</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> <u>President</u> DATE: <u>7/13/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME JUAREZ, MIGUEL A		TITLE	NAME	
STREET ADDRESS	1858 CONSTITUTION DRIVE & HWY 98		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE V	NAME JUAREZ, MIGUEL		TITLE	NAME	
STREET ADDRESS	1858 CONSTITUTION DRIVE & HWY 98		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.					
SIGNATURE: <u>[Signature]</u>			Date: <u>7/13/06</u> Daytime Phone #: <u>850-936-7864</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					